

Statement of Organization - Candidate Committee

COPY

Amendment

☐ Yes

☒ No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

a. Full Name		c. ID Number
RE-ELECT ROGERS FOR COUNCIL		6CQD6N
b. Mailing Address (include City, State and Zip Code)		d. Date Organized
110 STANWELL COURT, CLEMMONS, NC 27012		7/9/2013
		e. Phone Number
		336-766-6120

a. Full Name		e. Candidate ID Number	f. Party Affiliation
MICHAEL K. ROGERS		6CQD6N	NON-PARTISAN
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	
110 STANWELL COURT, CLEMMONS, NC 27012		COUNCIL IN CLEMMONS	
c. Phone Number	d. Email Address	h. Next Election Year	i. Jurisdiction
336-766-6120	wfball-internet@yahoo.com	2013	CLEMMONS
<input checked="" type="checkbox"/> Email copy of notices			

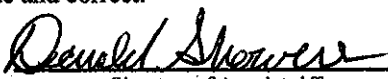
a. Full Name		a. Full Name	
DONALD SHOWERS		DONALD SHOWERS	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
141 BICKERSTAFF ROAD, CLEMMONS, NC 27012		141 BICKERSTAFF ROAD, CLEMMONS, NC 27012	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-766-0624	dashowers@aol.com	336-766-0624	dashowers@aol.com

I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Email copy of notices	
a. Full Name		a. Financial Institution Full Name	
DONALD SHOWERS		WELLS FARGO	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
141 BICKERSTAFF ROAD, CLEMMONS, NC 27012		CHECKING ACCOUNT FOR COMMITTEE	
c. Phone Number	d. Email Address	e. Account Code	d. Type
336-766-0624	dashowers@aol.com	8401	CHECKING
<input type="checkbox"/> Email copy of notices			

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds.

I further certify that this report is complete, true and correct.

DONALD SHOWERS		7/16/2013
Printed Name of Signer	Signature of Appointed Treasurer	Date



North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

FORSYTH COUNTY
BOARD OF ELECTIONS
2013 JUL 16 PM 3:13

COPY

RECEIVED

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: Michael K Rogers
Treasurer Name: Donald Showers
Treasurer Address: 141 Bickerstaff Road
Clemmons, N.C. 27012
(include city, state, & zip) _____

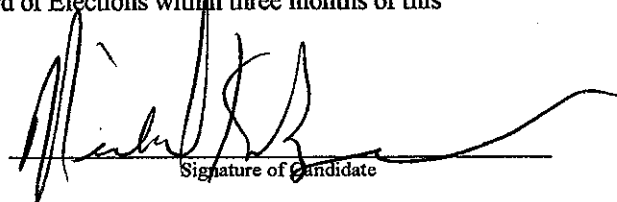
Treasurer Phone: 336-766-0624

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

07/16/2013

Date Signed


Signature of Candidate



North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

FORSYTH COUNTY
REG. OF. ELECTIONS
2013 JUL 16 PM 3:13
RECEIVED

COPY

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

Candidate Name: Michael K Rogers

Committee Name: Re-Elect Rogers For Council

Treasurer Name: Donald Showers

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: 6CQD6N

Level Registered: [State] [County] If county, specify: Forsyth

I, Michael K Rogers
(Name of Candidate)

hereby direct that in the event of my

death or incapacity all funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

<u>Name of Entity</u> (Select from §163-278.16B(a))	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Escheat Fund</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate:

Date:

July 16, 2013

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.